

*KBN*Nursing CONNECTION

Summer **2008** Edition 16

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KBNursing CONNECTION

Summer 2008, Edition 16

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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of nursing.

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KBN Connection circulation
includes over 70,000
licensed nurses and nursing
students **in Kentucky.**

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As of June 10, 2008, KBN records show

RN Active	52,100
LPN Active	14,339
RN Retired	894
LPN Retired	498
Advanced Registered Nurse Practitioners	3,390
Sexual Assault Nurse Examiners	202
Dialysis Technicians Active	548
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PRESIDENT'S MESSAGE

Spring has finally arrived and with it, new beginnings. In this issue, I want to tell you about new beginnings and other issues facing the Kentucky Board of Nursing. At the April Board meeting, election of officers for the upcoming year was completed. The KBN officers for 2008-2009 are as follows:

President— Jimmy T. Isenberg, RN
Vice-President— Sally Baxter, RN
Secretary— Carol Komara, RN
Financial Officer— Ann Veno, RN

Other Board issues being addressed are:

- The continued struggle with the budget in regard to the mandated transfer of KBN funds to the state's general fund. KBN is exploring ways to streamline its operations and reduce costs to minimize the effect to the state's nurses and, at the same time, not reduce services that the citizens of Kentucky have enjoyed throughout the years.
- The Task Force related to Unlicensed Assistive Personnel (UAP) in regard to medication administration in the school system. Hopefully, their work will be completed by fall with a report and recommendation to the full Board at that time.
- Continued work related to administrative regulations dealing with education. As you know, KBN recently filed an emergency regulation with the Governor to change when a graduate could sit for NCLEX and the 120 hours post-graduation internship. KBN is continuing its efforts to gather data so we can make evidence-based decisions regarding this and other matters.
- KBN staff is continuing their work in transitioning to a cardless licensure system. This will save time and money and lessens the likelihood of fraud. This seems to be the trend with licensure boards in other states, as well as in other disciplines.
- Carol Komara, an RN Board member, is representing KBN at the NCSBN on their Transition to Practice Committee. This group is charged with designing an evidence-based regulatory model to transition new nurses to practice.
- We will begin discussions with stakeholders across Kentucky to look at nurse education capacity across the state.
- Applicants for licensure will not only be able to track the status of their application online, but will also be able to apply online, thanks to the development of a web-based application for licensure by examination, endorsement, and reinstatement. An online application for initial ARNP registration is currently under development.

These are only a few of the pressing issues that are ongoing at KBN. Continue to read your *KBN Connection* for updates to these and other issues that KBN will address as we continue our mission of protecting the citizens of the Commonwealth.

A handwritten signature in black ink that reads "Jimmy T. Isenberg". The signature is fluid and cursive, with the first name "Jimmy" being the most prominent.

Jimmy T. Isenberg, Ph.D., RN

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EXECUTIVE DIRECTOR'S MESSAGE

With prospective students applying for admission to nursing programs across the state, KBN has received a number of inquiries from programs of nursing and others regarding students with criminal convictions and the impact of those convictions on the students' subsequent applications for licensure. In order to protect the public, KBN carefully reviews individuals with criminal convictions applying for licensure, endorsement, or renewal. For further clarification, the following information has been distributed to schools of nursing and is on the KBN website:

Information for Schools of Nursing on Students with Criminal Convictions:

The Kentucky Board of Nursing is authorized by law to deny a license or to issue a license under disciplinary conditions because of an applicant's criminal conviction. KRS 314.091(1) states, in part: "The board [of nursing] shall have power to reprimand, deny, limit, revoke, probate, or suspend any license ... to practice nursing issued by the board or applied for in accordance with this chapter ... upon proof that the person ... (b) has been convicted of any felony or a misdemeanor involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty"

KRS 314.031(4) requires that all misdemeanor and felony convictions occurring in Kentucky or in any other state, regardless of when they occurred, must be reported to KBN. A person has been convicted if they pled guilty, entered an Alford or *nolo contendere* plea, or was found guilty in any court. All criminal convictions are individually reviewed by KBN. The person must supply to KBN a certified copy of the conviction record and a letter of explanation. The letter of explanation is a personally written summary of the events that led to the conviction. It gives the person an opportunity to tell what happened and to explain the circumstances that led to the conviction. KBN will take into consideration the nature of the offense and the date of the conviction.

KBN may seek to deny an application because of criminal convictions. If that happens, the applicant may request a formal hearing before a KBN Hearing Panel. The request must be in writing. The applicant will be notified of the date, time, and location of the hearing. The applicant may be represented by an attorney. The Hearing Panel will consider the request for licensure. After hearing the evidence presented, the Panel will make a recommendation to the full Board regarding the approval or denial of the application for licensure.

For more information, refer to the KBN brochure *Mandatory Reporting of Criminal Convictions* located on the KBN website at <http://kbn.ky.gov/formpub.htm>. You may also call the KBN office at 502-429-3300 or toll free at 800-305-2042, ext. 238 or 243, to obtain a hard copy of the brochure.

Charlotte F. Beason, Ed.D., RN

Error-Prone Conditions Can Lead to Student Nurse-Related Medication Mistakes

Huntingdon Valley, Pa.—Student nurses are an important part of the patient care team and can enrich patients' experiences during hospitalization—however, some circumstances may increase the chance of their involvement in medication errors. The Institute for Safe Medication Practices (ISMP) has analyzed medication errors by student nurses, and discovered that a distinct set of error-prone conditions or medications can make mistakes involving students more likely. The Institute's findings are published in the October 18, 2007 issue of the *ISMP Medication Safety Alert!* newsletter.

Some student-related errors are similar in origin to those that involve seasoned licensed healthcare professionals, including misinterpreting abbreviations and misidentifying drugs due to look-alike packages or labels. But by examining data from the United States Pharmacopeia-ISMP Medication Error Reporting Program and the Pennsylvania Patient Safety Reporting Program, ISMP found that a significant number of other errors stem from more system-related problems, some of which are unique to environments where students and hospital staff are caring together for patients.

One major system problem is the **duality of patient assignments**; patients assigned to student nurses are also assigned to staff nurses. Although this policy is necessary, it makes communication breakdowns regarding who will administer which prescribed medications and when more likely. Communication between students, nursing instructors, and staff needs to be planned carefully to ensure that safety issues are taken into consideration.

Data also shows that **insulin** is among the most frequent drugs involved in student nurse-related errors, particularly with omitting doses, selecting the wrong type of insulin, administering the wrong sliding-scale coverage, and administering insulin to the wrong patient. Nursing instructors and students should treat insulin as a high-alert medication and observe all safeguards in place to prevent errors, including a double-check of all insulin doses by a staff nurse before administration.

An abbreviated list of other conditions that promote student nurse-related errors is provided below. A full chart that also gives examples of errors and ISMP recommendations for prevention was published in the October 18 issue of the *ISMP Medication Safety Alert!* To receive a copy, contact Renee Brehio at 704-831-8822 or rbrehio@ismp.org.

Conditions that Promote Student-Nurse Related Medication Errors

- **Nonstandard Times.** Medications scheduled for administration during nonstandard or less commonly used times, particularly early in the morning, are prone to student dose omissions.
- **Documentation Issues.** With both staff nurses and students administering medications to the same patients, dose omissions or extra doses have been administered because students or staff nurses have not properly documented or reviewed prior documentation of drug administration.
- **MARs Unavailable or Not Referenced.** Students may not consistently use the patient's medication administration record (MAR) to guide the preparation of medications, and may not bring it consistently to the bedside for reference when administering medications.
- **Partial Drug Administration.** Students may not be administering all of the prescribed medications to assigned patients, particularly IV medications that they may not be permitted to administer. This can lead to missed doses due to confusion about who is responsible for administration of a medication.

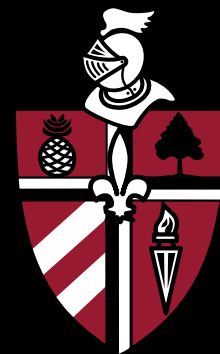
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• **Held or Discontinued Medications.**

Students have not known or understood the organization's processes for holding and discontinuing medications and have administered drugs that have been placed on hold or discontinued.

• **Monitoring Issues.** Students may not be aware that vital signs and/or lab values should be checked before administering certain medications.

• **Non-Specific Doses Dispensed.** Student nurses have administered excessive doses when they expected the drug to be provided in a patient-specific dose, but pharmacy had dispensed a larger dose or quantity.

• **Oral Liquids in Parenteral Solutions.** Preparation of oral or enteral solutions in parenteral syringes has led to students accidentally administering these products by the IV route.

• **Preparing Drugs for Multiple Patients.** Student nurses have given medications to the wrong patient, particularly when they prepared more than one patient's medications at a time and brought medications for two or more patients into a room.

ISMP Recommendations for Preventing Student Nurse Errors:

ISMP recommends that each practice site hosting student nurses meet with the clinical instructors who will be supervising the students. The organization's medication administration procedures and specific error-prone conditions that exist during clinical rotations should be reviewed, along with system-level safety nets designed to reduce these risks, and safety practices that students and faculty should adopt to further enhance patient safety.

Nursing instructors should be asked to describe error-prone conditions that they have observed in addition to those listed above, and invited to attend orientation programs that cover the organization's safety goals so they can reinforce related safe practices during rotations.

Additional recommendations that apply to specific error-prone conditions are provided in the October 18 issue of the *ISMP Medication Safety Alert!*

About ISMP: The Institute for Safe Medication Practices (ISMP) is a 501c(3) nonprofit organization that works closely with healthcare practitioners and institutions, regulatory agencies, consumers, and professional organizations to provide education about medication errors and their prevention. ISMP represents more than 30 years of experience in helping healthcare practitioners keep patients safe, and continues to lead efforts to improve the medication use process.



The organization's medication administration procedures and specific error-prone conditions that exist during clinical rotations should be reviewed, along with system-level safety nets designed to reduce these risks, and safety practices that students and faculty should adopt to further enhance patient safety.

CONSUMER PROTECTION CORNER

Disciplinary Case Review by Ann Tino, RN, BSN, Certified Nurse Investigator, Consumer Protection Branch

Disclaimer: Although disciplinary action taken by KBN is a matter of public record, the identity of these nurses will not be revealed.

As part of my investigator training with KBN, I am privileged to attend many conferences and workshops related to the disease of addiction. One drug that seems to prevail in my recent educational experiences is methamphetamine. The illegal production of methamphetamine, its dangerous usage, and aftermath are often in the headlines of local/national newspapers, as well as television broadcasting.

Methamphetamine, also referred to as “meth,” “crystal,” “crank,” “ice,” or “speed,” is a highly abused drug that can be smoked, snorted, swallowed, injected, or inhaled. It directly affects the central nervous system as a stimulant. In low doses, it can increase concentration, blood pressure, respiratory rate, body temperature, heighten performance, and enhance mood. In higher doses, it increases nervousness, irritability, and paranoia that can lead to hyperactive behavior and mood swings.

As we all know, the disease of addiction has no boundaries. It can affect people of all walks of life, even innocent newborns. The effects of methamphetamine on babies during pregnancy and after birth can affect development of a baby's brain, diges-

tive system, heart, kidneys, and spinal cord. Use during pregnancy may result in premature delivery and/or birth deformities. It can lead to strokes or brain hemorrhages due to the baby's rapid rise in blood pressure before birth. Babies whose mothers used the drug during pregnancy may experience sleep disturbances, altered behavioral patterns, developmental delays, learning disabilities, skeletal abnormalities, or possibly sucking and swallowing difficulties. The babies may also have a low tolerance for stimulation such as human touch and light and may display tremors and coordination problems.

The case I am going to reference involves the use of methamphetamine by a nurse that unfortunately affected the life of her newborn. Nurse L was a registered nurse that was reported to KBN by her employer. After giving birth to her baby, both Nurse L and the baby tested positive for methamphetamine. Upon discharge from the hospital, the infant was taken into custody by Social Services, and Nurse L was arrested for Wanton Endangerment. She was terminated from her position as a nurse and later entered into a diversion agreement with the court on the charge of Wanton Endangerment, 1st degree, for a period of five years, with the condition that she not violate the law within that period, that she agree to drug testing, and have

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CONSUMER PROTECTION CORNER

continued

no contact with convicted felons or known drug users (except the father of the child and in connection with her employment).

Nurse L failed to respond to investigative measures by KBN. She even failed to comply with KBN's request for a hearing; consequently, she was found in default and ultimately found guilty of KRS 314.091(1) (b) "has been convicted of any felony, or a misdemeanor involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others...; (d) has negligently or willfully acted in a manner inconsistent with the practice of nursing; (e) is unfit or incompetent to practice nursing by reason of negligence or other causes, including but not limited to, being unable to practice nursing with reasonable skill or safety; (f) abuses use of controlled substances, prescription medications, or alcohol; and (j) has violated any of the provisions of this chapter." By the time Nurse L's case reached the administrative hearing level, her license had lapsed. She was denied reinstatement for a period of at least one year from the date of entry of KBN's final order and will require a hearing to consider any future application with specific terms to be met prior to requesting the hearing.

The affects of substance abuse by women not only affects our own lives but also that of our children, families, and communities. While some may be predisposed to the disease of addiction, we can make different choices. For a copy of the *Kentucky Nursing Laws*, you can go online to www.kbn.ky.gov, or stop by the KBN office and a hard copy can be purchased for \$2.

Patrick J. Sammon, Ph.D. (2002, January 31). Club Drugs: An Emerging Epidemic. Presented at Clinical Applications of the Principles in Treatment of Alcoholism and Substance Abuse: Third Annual Conference. Lexington, KY.

2002, October. New Mother Fact Sheet: Methamphetamine Use During Pregnancy, North Dakota Department of Health. Retrieved May 5, 2008 from www.kci.org.

KBN SPOTLIGHT

Credentials Branch

by Joyce A. Bonick, JD, RN, *Credentials Manager*

The energy emitted from this Branch lights the path to licensure and nurse aide registry status. If you hold a Kentucky nursing license or are a state registered nurse aide, you have interacted with staff from the Credentials Branch. Just as nursing is an esteemed profession with high standards, the Credentials staff also have high standards in ensuring that the education and competency requirements for licensure are met.

The Branch is divided into two sections: Licensing and Credentialing of Nurses and the Kentucky Nurse Aide Registry (KNAR). Rather than just telling you what we do, we thought it might be more meaningful for you if we provided the details. So here is what the Licensing and Credentialing Section did last year:

KBN Statistics

• Licensed RN and LPN Nurses	5,357
• Licensed Advanced Practice Nurses (ARNPs)	445
• Licensed Sexual Assault Nurse Examiners (SANE)	209
• Renewed Nurse Licenses	60,819
• Licensed Retired Nurses	38
• Issued Temporary Permits, Registrations, and Provisional Licenses	5,091
• Name and Address Changes	3,472
• Mailed Applications and Fingerprint Cards	1,183
• Issued Duplicate Cards	423
• Verified Licenses to Employers or Other Entities	1,409
• Updated ARNP Registrations	899
• Recorded Controlled Substance Agreements for ARNPs	2,962
• Sent Applications to Consumer Protection for Review	1,864

But don't think that processing applications and data entry is all we do! To provide immediate feedback to applicants and to more efficiently use our time, we designed the content for a link on our website where applicants can check the status of their application at their convenience. Of course, Kentucky Board of Nursing (KBN) branches work as a team, and we couldn't have added it to KBN online services without our Information Technology (IT) staff.

Last year, we stream-lined the online renewal process and began requesting email addresses that, incidentally, are not distributed by KBN to other entities. In many instances, your license will be renewed within 24 hours. If you gave us a valid email address, you will receive a message from KBN that your license was renewed. Once again, this was accomplished through teamwork with our IT staff.

We conduct periodic reviews for current national certification of all ARNPs and send notifications via email 30 days before a certification is to expire. We also record all Collaborative Agreements for Prescriptive Authority for Controlled Substances and share information regarding those agreements with the Medical Licensure Board and the Drug Enforcement Agency.

Credentials staff review and approve Sexual Assault Nurse Examiner (SANE) education programs. We also have a col-



laborative relationship with the SANE Program Manager and the Kentucky Association of Sexual Assault Programs (KASAP).

Almost one percent of Kentucky's nurses were educated outside of the United States. To assist nurses from other countries in navigating the maze of licensure in Kentucky, Credentials staff worked directly with the Commission of Graduates of Foreign Nursing Schools (CGFNS) to develop a "Facts at a Glance" informational sheet that is given to Kentucky applicants.

Our latest project was developing an online application for RN and LPN applicants for licensure. This has been a massive project for our staff because it encompasses all applicants applying for initial or reinstated licenses. The online applications will totally change the current manual process, and we are excited about the convenience it will offer applicants. Currently in the development stage is an online ARNP application for initial and reinstatement registration. Needless to say, our IT staff once again had a very vital role in these projects.

In addition to all of the processes and procedures for licensure, the Credentials Branch also manages the Kentucky Nurse Aide Registry (KNAR) for the Office of the Inspector General (OIG). One of the responsibilities of the Credentials staff is to assure that all state registered nurse aides who hold an active status on the registry meet the competency requirements set forth by OIG. Some of last year's activities of the KNAR staff are provided below.

KNAR Statistics

• Mailed Renewal Notifications	21,441
• Updated KNAR with New Test Records	6,432
• Updated Both Kentucky and Out-of-State Abuse Records	647
• Processed Renewals	14,650
• Validated KNAR Status	4,024
• Processed Documents for Nurse Aides Moving to or from Kentucky	3,963

All Credentials staff is involved in responding to emails, faxes and, of course, numerous telephone calls. If you have any questions about the licensure process or suggestions, send us an email. For a list of contacts, go to the KBN website at http://kbn.ky.gov/contact_directory.htm.

What is the KARE for Nurses Program?

by Paula S. Schenk, MPH, RN, KARE Program Manager

The Kentucky Alternative Recovery Effort (KARE) for Nurses is a program developed and offered by the Kentucky Board of Nursing (KBN). The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by dependency on drugs or alcohol so that they can return to competent and safe practice. The program recognizes that nurses are individuals who have dedicated their lives to helping others and are now in a need of help. KARE's foundation is that substance abuse is treatable and that the recovery and return to competent nursing practice is in the best interest of the nurse and public health. KARE believes that a nurse should not lose a job or license due to substance abuse and offers an opportunity for encouragement, treatment and recovery. The program emphasizes hope and is administered with compassion, confidentiality, concern and dignity for the nurse.

The Disease . . .

Many people believe that nurses are immune from addiction by essence of their intelligence and education. In reality, exposure, easy availability, and familiarity with medications often lead predisposed health professionals to develop chemical dependency. Substance abuse is one of the major factors threatening safe nursing practice. Chemical dependency is a chronic, progressive illness characterized by the use of chemicals in spite of adverse consequences. This compulsive-use cycle may have periods where use is controlled, but it is normally followed by at least one episode of out-of-control use causing adverse consequences in one's life. Not recognizing or dealing with chemical dependency will exacerbate the problem. Often we are too engrossed in our own problems to be objective, and our individual efforts result in more stress that increases the severity of the situation. Left untreated, chemical dependency will not only risk your life, but the life and safety of patients.

There is a place to turn for help . . .

Nurses often buy into the myth that they should be able to handle their chemical dependency because they are health care providers. What may seem a tremendous burden to one person can become a lighter load when shared with someone else. The first step is to admit there is a problem. It isn't easy to admit to another person that we are having trouble handling our problems alone. It is a subject that we avoid discussing or confronting. Yet once we reach that first step, we can begin the process of regaining our life.

Services . . .

KARE develops individualized Program Agreements based upon the unique circumstances of the nurse. Monitoring can be facilitated in many ways, some of which

are listed here:

- Assisting with identification, assessment and referral to approved treatment providers.
- Monitoring participants compliance during recovery and continued nursing practice.
- Providing education to nurses, employers and other groups about KARE.
- Providing encouragement and support to help ensure the participants are able to practice nursing in accordance with acceptable and prevailing standards of safe nursing care.

Confidentiality . . .

Requests for information and/or assistance are strictly confidential. All records of program participants are confidential. Participation in KARE is voluntary and will remain anonymous as long as the participant is compliant with the terms of the program agreement.

Eligibility . . .

A nurse may access KARE by self-referral, board referral, referral from another person or agency, such as an employer, coworker or family member. Admission to KARE is available to individuals who, at the time of application, meet the requirements listed below:

- RN or LPN, licensed in Kentucky or an applicant for a credential issued by KBN;
- Request participation in the program regardless of whether referred by the board, self, or another person;
- Admit in writing to being a chemically dependent individual;
- Have not been terminated from a similar program in this or any other state for noncompliance;
- Have attended an approved treatment provider;
- Obtain a chemical dependency assessment, which includes a complete physical and psychosocial evaluation performed by a licensed or certified medical or psychological specialist in the field of drug, alcohol, or other chemical dependency;
- Agree to the terms set forth in the agreement; and
- Agree not to be employed in any capacity in a patient care setting or one that requires licensure until approved to do so by the program staff.

Questions?

KARE compliance forms are located at <http://kbn.ky.gov/kare.htm>. To obtain further information or to make a confidential referral, contact Paula Schenk, KARE Director, or Jill Cambron, KARE Coordinator, at 800-305-2042, Ext. 236 or 289, or by email at PaulaS.Schenk@ky.gov or JillM.Cambron@ky.gov.



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HIGHLIGHTS OF BOARD ACTIONS

Clinical Internship

Directed that 201 KAR 20:070, Licensure by Examination, be amended to allow concurrent completion of NCLEX and clinical internship requirements.

Education Committee

Brown Mackie College, Louisville—Practical Nursing Program:

- Accepted the proposal for the initiation of a practical nursing program at Brown Mackie College, Louisville.
- Directed the requirements identified in this analysis be resubmitted for consideration to the Education Committee.
- Directed the committee withhold action on the proposal until such time that all materials are received, reviewed, and accepted by the committee.

Gateway Community & Technical College, Edgewood—Associate Degree Nursing Program:

- Accepted the remaining materials from the program as evidence of the completion of all requirements as noted in the site visit report.
- Directed that the submitted materials from the program provide evidence of the satisfactory completion of all requirements.
- Directed the Education Consultant establish a visit date to review compliance with these requirements along with discussion of the plan for improvement of graduate NCLEX pass rates.

Henderson Community College, Henderson—Practical Nursing Program:

- Accepted the January 31, 2008, Survey Visit Report for the adherence to regulations pursuant to the first graduating class of the program, and approved the requirements to be met as stated in the report.
- Directed that the program submit a response by May 25, 2008, to include a timeline for the correction of each "requirement to be met" identified in this report.
- Directed that the program submit evidence that all requirements are met within six months with a final report as to the final resolution of each identified requirement submitted no later than October 25, 2008.
- Directed that should the program's response to this site visit not provide satisfactory response to all requirements, the program administrator and the college president shall appear before the Board to provide justification as to non-adherence to requirements. At that time, the Board may consider application of the provisions of 201 KAR 20:280, Section 2(2)(d)3, which may include limiting or denying future admissions for a specified period of time to assist the program to meet standards.
- Approved that the status of the program be changed from Initial to Full.

Jefferson Community & Technical College, Practical Nursing Program (Carrollton Campus):

- Accepted the February 13, 2008, report submitted from the program as evidence of the satisfactory completion of all requirements as requested in Board correspondence dated October 26, 2007.
- As the program has developed a unique format for the delivery of the nursing curriculum, it is directed that the program report back to the committee for the September 2008 meeting to review assessment data. Report shall be submitted no later than August 21, 2008.

Maysville Community & Technical College, Mt. Sterling—Proposed Practical Nursing Program:

- Agreed that the location for the proposed practical nursing program extension of Maysville Community & Technical College, Mt. Sterling, presently does not meet all requirements set forth in 201 KAR 20:350, Educational facilities and resources for prelicensure registered nurse and practical nurse programs.
- Directed that the program may begin construction on the facility but may not start classes until the Education Consultant has returned for a site visit to ensure that all requirements have been met.
- Approved that at the time of the site visit, the following shall be available for review by the consultant:
 - Physical plant to include: computer lab area, clinical lab, classroom, and printed resources.
 - The nursing references for the students that will be available on-site for students; the references shall be present at the time of the site visit along with a policy for how the program plans to maintain the currency of the resources.
 - A plan to ensure that the students are oriented to the on-line library resources available to them.

Practice Committee

Approved revisions to the following advisory opinion statements:

- AOS #11, Role of Nurses in the Insertion and Removal of Nasogastric Tube and in the Reinsertion of a Gastrostomy Tube.
- AOS #18, Employment of Nursing Students as Nursing Personnel Using Either an Academic or a "Nurse Extern" Service Model.
- AOS #3, Role of Nurses in Intravenous Therapy Practice.

Approved a letter of response to an opinion request on the scope of RN practice in the administration of medication for femoral blocks.

Disciplinary Actions

Approved 17 Proposed Decisions as written.

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4.8 Contact Hours | \$28

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5.8 Contact Hours | \$41

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MO, NC, ND, NE, NY, OH, VA, WV-PA/IN

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5.4 Contact Hours | \$22

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New Advisory Opinion Statements Approved

by **Sharon E. Mercer, MSN, RN, CNAA, BC**, *Nursing Practice Consultant*

KBN approved the revision to three advisory opinion statements during the April 24-25, 2008, Board meeting, as follows: AOS #11, Role of Nurses in the Insertion and Removal of Nasogastric Tube and in the Reinsertion of a Gastrostomy Tube; AOS #18, Employment of Nursing Students as Nursing Personnel Using Either an Academic or a “Nurse Extern” Service Model; and AOS #3 Role of Nurses in Intravenous Therapy Practice. KBN also reaffirmed a previously issued opinion statement on the scope of registered nursing practice in assisting with regional blocks.

- **AOS #11: Role of Nurses in the Insertion and Removal of Nasogastric Tube and in the Reinsertion of a Gastrostomy Tube**

The following paragraph was inserted:

MAGNET NASAL TUBE RETAINING DEVICE: The placement and removal of a nasal tube retaining device/system used to prevent nasal tube pullouts are within the scope of registered nursing practice. The registered nurse would place the device after a physician/ARNP has completed an individual assessment of the patient and issued medical authorization for its placement. Following placement, the patient should be reassessed by a physician/ARNP to assure its correct placement and that no complications have occurred. The registered nurse who places and/or removes a nasal tube retaining device must possess the requisite educational preparation and current clinical competence to perform the procedure in a safe, competent manner.

- **AOS #18: Employment of Nursing Students as Nursing Personnel Using Either an Academic or a “Nurse Extern” Service Model**

The following paragraph was inserted:

MODEL TWO – A “NURSE EXTERN” OR SERVICE

MODEL: If qualified, the nurse extern may perform acts that are routinely a part of any nursing assistant’s job description. Nurse externs may also perform additional acts that have been taught in their nursing education program provided that they are individually educationally prepared and clinically competent to perform the acts. The employer should have the employee/student provide an official copy (sent by the school directly to the employer) of the student’s skills performance evaluation documenting the skills that the student has successfully completed in his/her program of nursing. A letter may be sent to the employer from the nursing education program as long as the individual

student is verified as having successfully demonstrated their competency in performing the acts. The employer should verify that the student is currently enrolled in the program of nursing.

It is incumbent upon the employer to independently verify and document the competencies of the student to successfully perform the acts that are included in a nurse extern position description. The position description may include the performance of specific acts to directly assist the supervising nurse, but may not include the placement of IV infusion devices, and may include withdrawal of blood specimens via phlebotomy, as long as solutions are not injected in a patient during the process; the administration of medications; receipt of verbal orders; or require the individuals to independently assume the role, function or responsibility of licensed personnel. Nurse externs may not substitute for licensed nursing staff.

- **AOS #3: Role of Nurses in Intravenous Therapy Practice**

The following change was made in order for AOS #3 to reflect 201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice.

RN ROLE: It is the opinion of the Board that the procedures listed below are within the scope of registered nursing practice and not within the scope of licensed practical nursing practice. The RN performs procedures previously described within the LPN role and performs additional intravenous procedures that include, but are not limited to, the following:

1. Initiation of blood/blood components, plasma volume expanders, tissue plasminogen activators, anti-neoplastic agents, and investigational drugs...

SCOPE OF REGISTERED NURSING PRACTICE IN ASSISTING WITH REGIONAL BLOCKS

KBN reaffirmed a previous advisory opinion that it is within the scope of registered nursing practice to assist an anesthesiologist/physician or the advanced registered nurse practitioner (ARNP) designated nurse anesthetist in the performance of a regional nerve block.



KENTUCKY NURSE DAY *Nomination Profile*



Sandra L. Johanson was the Kentucky Board of Nursing's honoree at the 27th annual Kentucky Nurse Excellence banquet held May 9 in Louisville, Kentucky. The awards are sponsored by healthcare facilities and nursing organizations across the state. This year, over 200 nurses from Kentucky were recognized. Each nominee received a framed certificate and a pin that carries the Nightingale lamp, which is the logo for the Nurse Excellence committee.

We are pleased to share Ms. Johanson's nomination profile with our KBN Connection readers.

Short Narrative Description Exemplifying Excellence in Nursing:

In recognition of her outstanding leadership in promoting regulatory excellence, the Kentucky Board of Nursing is pleased to nominate Sandra L. Johanson, RN, for the Kentucky Nurse Excellence Award. Ms. Johanson, manager of the Consumer Protection Branch, has consistently addressed change and innovative practices in a manner that promotes successful implementation and that brings credit to the Kentucky Board of Nursing and its staff. A certified nurse investigator, she has oversight for staff that investigates complaints, participates in the discipline process, and manages nurse compliance in the KARE (Kentucky Alternative Recovery Effort) Program. She fosters a most positive esprit de corps within the Branch, and staff considers her to be an exemplary supervisor.

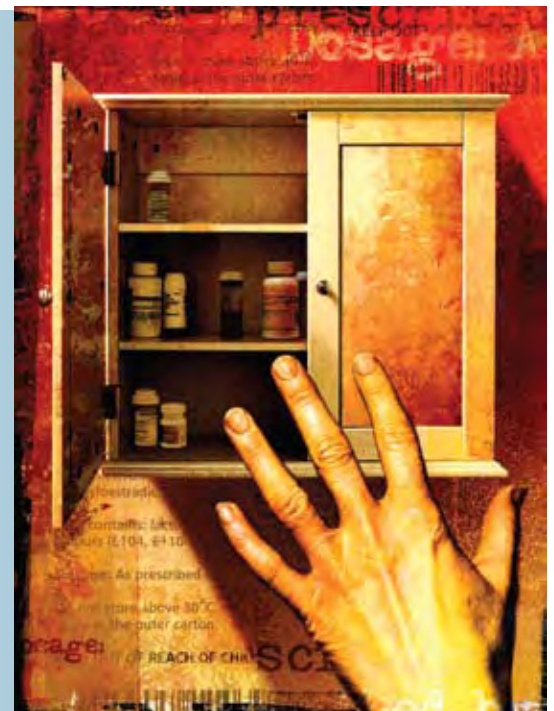
Ms. Johanson has been instrumental in KBN's implementation of TERCAP™ (Taxonomy of Error Root Cause Analysis for Practice Breakdown) — a cutting edge survey tool that allows nurse investigators and healthcare facilities greater consistency in reviewing practice breakdown complaints. TERCAP™ allows identification of system, knowledge, or intentional error that result in practice breakdown. Implementation of this tool by the Investigations and Discipline staff has greatly enhanced KBN's progress toward a Just Culture. Additionally, Ms. Johanson was a resource to KBN members as they wrote and later approved KBN's first Philosophy of Discipline — which now guides disciplinary decision making. Ms. Johanson is also a valued member of the National Council of State Boards of Nursing NurSys Committee that recommends and evaluates the policies and procedures by which all state boards of nursing enter licensure and discipline data for nurses in the United States.

CAPTASA Conference

• January 23 and 24, 2009

The 9th Annual Clinical Applications of the Principles of Treatment of Alcoholism and Substance Abuse (CAPTASA) will be held January 23 and 24, 2009 at the Embassy Suites, Lexington, Kentucky. The mission of the CAPTASA Conference is to educate and inform professionals and concerned persons about addictions, alcoholism, dependencies, and available treatment options. Topics to be presented at the 2009 conference include, but are not limited to, PTSD/addiction treatment; alternatives in pain management; gambling addiction; treatment and healing in the recovering family; eating disorders and the elderly; and substance abuse.

For registration information, please go to www.captasa.org or contact Sandy Patrick at the Kentucky Physicians Health Foundation at 502-425-7761 or sandy@captasa.org. As enrollment is limited, interested parties should register early.



2008 Renewal Information

WHO: All nurses who hold a current Kentucky RN or LPN license, ARNP registration, and/or SANE credential.

WHAT: Must renew the license, registration, and/or credential.

WHEN: July 1 through midnight October 31, 2008 (EST).

WHERE: <http://kbn.ky.gov/renewal>

WHY: Kentucky Nursing Laws mandate renewal.

HOW: Access and complete the online renewal application by using the last four digits of your social security number, license number, and date of birth. Payment may be made by credit card (MasterCard or Visa only), a deduction directly from your checking (personal or business) or savings account, or prepaid credit cards. Note: The license number that you enter will be the license that is renewed.

COST: The renewal fee for RNs and LPNs is \$50; SANE credential fee is \$35; and ARNP registration fee is \$40 for each designation.

NOTIFICATION METHOD: Notification of renewal will be via email and the KBN Connection. Renewal postcard reminders will NOT be mailed.

EMAIL/ADDRESS CHANGES: If you have not given KBN a valid email address, you may do so at <http://kbn.ky.gov/license/addchg.htm> with the assurance that KBN does not distribute email addresses to third parties. If you moved and have not updated your address with KBN, you may do so from the website (listed above) or at the time you complete the online renewal application. When you change your address, you will be asked to indicate your primary state of residence.

CONTINUING COMPETENCY ATTESTATION: When you click on the "submit" button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirement by October 31. Do NOT submit evidence of continuing competency earnings unless requested to do so.

DOCUMENTATION: Documentation required before a license will be renewed includes the following:

1. Court records and letters of explanation—if you answer "yes" to the criminal activity question.
2. Board certified orders and letters of explanation—if you answer "yes" to the disciplinary history question.
3. Documentation from your ARNP national certification organization—if you answer "yes" that your national certification was revoked or issued on a provisional or conditional status.
4. Other documentation requested by KBN staff.

Access to the online renewal system will be DISABLED when the renewal period ends at midnight (EST) October 31, 2008. If you failed to renew before the renewal period ends, and/or you did not submit any required documentation by that date, your license will lapse, and you will have to reinstate your license. You may not practice as a nurse in Kentucky if your license has lapsed.

Nurse Licensure Compact and Kentucky License Renewal

When you renew, you must declare your state of primary residence. If your primary residence is another compact state, you will not be

able to renew your Kentucky RN or LPN license.

KBN is notified of all nurses who hold an RN or LPN license in more than one compact state. A Declaration of Primary Residence form and evidence of primary residence, such as a valid driver's license, voting registration card, or a federal income tax return would be required to validate which state is the primary state of residence.

The only exception to the requirement for one license issued by the state of primary residence is for the nurse who practices ONLY in a military/federal facility. If you declare a compact state as your state of primary residence AND declare that you practice ONLY in a military/federal facility, you may be issued a Kentucky single state license (Valid Only in Kentucky).

DECLARATION OF PRIMARY RESIDENCE: To assure that your selection of a state of primary residence is accurately reflected in the KBN database, see the technical tip listed below.

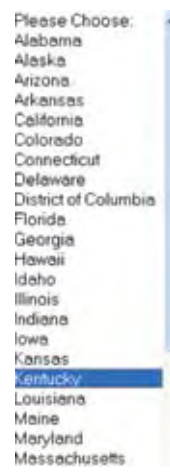



FIGURE 1
Select the state of primary residence from the drop-down selection by clicking on and highlighting the correct state (Figure 1).

The state chosen will have a blue background. (Figure 1)

FIGURE 2



After releasing the mouse button, the state you selected will appear by itself in the box and will continue to have a blue background.

FIGURE 3



ARNP and SANE Renewal

If you are renewing your ARNP (advanced registered nurse practitioner) registration in only one designation and also your Kentucky RN license, you MUST use the RN-ARNP link on the renewal website. From this link, you will renew your RN license and your ARNP registration simultaneously, for the combined fee of \$90 (RN—\$50 and ARNP—\$40).

If you are registered as an ARNP in more than one designation, you must indicate on the online renewal application each designation that you are renewing. The fee for renewing each ARNP designation is \$40 per designation, plus the \$50 RN renewal fee. You must maintain national certification in each designation.

Current national certification from a KBN recognized national certification organization in addition to current ARNP registration is required to practice as an ARNP in Kentucky. If your national certification lapses for any period of time while your ARNP registration is current, you may not practice as an ARNP during the period of lapsed certification.

Before you will be able to renew your SANE (Sexual Assault Nurse Examiner) certification, you must renew your RN license from the RN—LPN renewal link. When you have completed that process, proceed to the SANE link to renew your SANE certification. If you are a SANE and an ARNP, renew your RN—ARNP first (see above information), and then renew your SANE credential from the SANE link.

If your primary residence is a compact state, you must use the ARNP Renewal Only (with RN license in another compact state) link. You must provide the name of the state and the expiration date of the multi-state RN license you hold before you will be able to renew your Kentucky ARNP registration or SANE credential. You must continue to keep your multi-state RN license active in the state of your primary residence during the period of time that you practice as an ARNP or SANE in Kentucky. If your compact RN license lapses, you may not practice as an ARNP or SANE in Kentucky, even though your Kentucky ARNP registration or SANE credential is current.

When you click on the “submit” button at the end of the online renewal process, you are attesting that you have or will have met the continuing competency requirements for the ARNP or SANE by October 31 (see the CE Corner on page ____ for additional information regarding the pharmacology and SANE CE requirements). Do NOT submit evidence of continuing competency earnings unless requested to do so. For questions about the pharmacology or SANE requirement, you may email maryd.stewart@ky.gov.

Military Nurses Deployed Overseas

If you are a military nurse and will be deployed overseas during the renewal period, you have two options:

1. Submit a copy to KBN of the official overseas deployment orders showing a return date. Your license will be renewed to reflect an expiration date through the renewal period that corresponds with your deployment orders.
2. Do nothing until you are reassigned to the USA. You will have 90 days after your return to request the renewal of your license. You must submit a copy of the orders you receive for your reassignment to the United States.

You are not required to submit a renewal fee, and you are exempt from meeting the continuing competency requirement.


Paper Renewal Applications

Paper renewal applications will be available for an additional fee of \$40. This fee does NOT include the renewal fees listed previously. To request a paper renewal application, you must submit a written request for a renewal application and a check or money order in the amount of \$40. A paper application will be mailed to you. When you return the paper renewal application to KBN, you must include the appropriate renewal fee. Paper applications will be mailed after September 10, 2008. It may take up to four weeks to process the paper applications for renewal.

Retired Licensure Status

All RNs and LPNs may apply online at <http://kbn.ky.gov> for a retired licensure status at any time. There is a one-time processing fee of \$25. The retired licensure status does not have to be renewed and, therefore, does not expire. To return to an active licensure status, you would have to reinstate your license. If you have any questions, email dianac.simcoe@ky.gov.

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CONTINUING COMPETENCY REQUIREMENTS

by **Mary Stewart**, Continuing Competency Program Coordinator

Earning Periods for All Nurses

Nurses are required to renew their license on a yearly basis. The CE/competency earning period is the same as the licensure period, i.e., November 1 through October 31.

KBN audits a randomly selected pool of nurses each year. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

CE Information Concerning Annual Renewal

According to KBN Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or recertification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR

7. Proof of earning seven approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least six months of the earning period.

8. Certain college credit courses may be used to meet CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences, such as Psychology, Biology, and Sociology, will count toward CE hours. One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours. If a course does not meet this criterion, refer to the Individual Review of CE Offerings section.

Note: Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider (see Table 1).

Individual Review of CE Offerings Presented by Organizations NOT Recognized by KBN:

Contact the KBN office or go to the KBN website to obtain an *Individual Review Application* form. After completing the form, return it to the KBN office with requested materials and the \$10 application fee. **Individual Review Applications must be submitted by November 30 of the licensure year.** KBN will notify the individual of the review outcome (i.e., approval or rejection) within about six weeks of receipt of the submitted materials. A notification of CE/competency approval should be retained for a minimum of five years. Individual review is not required if an offering is approved for CE by an organization recognized by KBN (see Table 1 for a list of these organizations).

continued on page 30

ATTENTION ARNPS! Update in Approved CE Providers:

Effective March 14, 2008, 201 KAR 20:220 was amended to reflect that pharmacology CE hours earned from a provider that is recognized by an organization from the list in Table 1 will be acceptable to meet the ARNP pharmacology requirement of 201 KAR 20:215. (ARNPs are required to earn five contact hours of approved CE in pharmacology each licensure period).

Simply put, if the CE is accepted by your certifying body (see Table 1) for purposes of recertification, then it will be acceptable to KBN. It is the responsibility of the ARNP to contact the individual certifying body for a complete and up-to-date list of recognized providers for their organization. If questions, contact KBN at 502-429-3300, ext. 237.

Table 1

National Nursing Organizations Recognized by KBN for Continuing Education

- American Academy of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN)
- American Association of Nurse Anesthetists (AANA)
- American College of Nurse-Midwives (ACNM)
- American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA)
- Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN)
- National Association of Nursing Practitioners in Women's Health (NPWH)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- National Association of Practical Nurses Education & Service (NAPNES)
- National Federation of Licensed Practical Nurses (NFLPN)
- National League for Nursing (NLN)
- State Boards of Nursing

HIV/AIDS CE approved through the Cabinet for Health and Family Services (CHFS) is also accepted.

Additional information about CE/ competency can be found on the KBN website at <http://kbn.ky.gov/ce.htm>.

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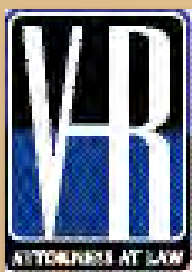


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DISCIPLINARY Actions

* License has not been returned to KBN

Since the publication of the spring edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. A report that contains a more extensive list of disciplinary actions is available on the KBN website at <http://kbn.ky.gov/conprotect/investdiscp/disciplinary.htm>. If you need additional information, contact KBN's Consumer Protection Branch at 502-429-3300.

CEASE AND DESIST NOTICE ISSUED

Wilson, William Joseph	Louisville, KY	Eff. 05/27/08
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TEMPORARY WORK PERMIT VOIDED

Nichols, Mary Harig	TWP #45301	Greendale, IN	Eff. 04/21/08
Slone, John	TWP #45272	Kite, KY	Eff. 04/21/08

IMMEDIATE TEMPORARY SUSPENSION OF PRIVILEGE TO PRACTICE

* McBrearty, Tracy A. Rehn	TN RN #113728 KY RN #1109331 (Invalidated) KY ARNP #4870-M	Clarksville, TN	Eff. 04/01/08
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IMMEDIATE TEMPORARY SUSPENSION OF LICENSE/CREDENTIAL

* Barber, Lincoln Lee	LPN #2041244	Somerset, KY	Eff. 05/16/08
* Cornett, Andrea Leigh Ison	RN #1091409	Whitesburg, KY	Eff. 04/16/08
* Cuzzart, Sean B.	LPN #2032033	Louisville, KY	Eff. 06/03/08
Delong, Lorilyn Kim English	RN #1084977	New Albany, IN	Eff. 05/14/08
* Francis, Sarah Gale Couch	LPN #2031972	Sassafras, KY	Eff. 05/13/08
* Mundy, Sherri L. McGillem	RN #1110147	Independence, KY	Eff. 05/14/08
Neblett, Mary Jane Williams	LPN #2023506	Metropolis, IL	Eff. 05/01/08
* Oakley, Iva Rebecca	RN #1108637	Island, KY	Eff. 04/01/08
* Shannon, Barbara Ann Hope	RN #1081325	Mt. Washington, KY	Eff. 05/01/08
* Slone, Melissa S. Griffith	LPN #2032743	Corbin, KY	Eff. 06/03/08
* Thompson, Amy Lynn Mason	RN #1113770 LPN #2039737	Pineville, KY	Eff. 05/16/08
* Turner, Cecelia Deloris Jones	LPN #2036209	North Vernon, IN	Eff. 06/03/08

LICENSE IMMEDIATELY SUSPENDED OR DENIED REINSTATEMENT FOR FAILURE TO COMPLY WITH BOARD ORDER; STAYED SUSPENSION IMPLEMENTED OR TERMINATION FROM THE KARE PROGRAM

* Bray, Patricia Sue Wilson	LPN #2028330	Wilmore, KY	Eff. 04/24/08
* Brown, Nanci Yvonne	LPN #2035810	Warsaw, KY	Eff. 05/01/08
* Collins, Dara Lynn Emhoff	RN #1082539	LaGrange, KY	Eff. 05/08/08
Graves, Christy Smith Bagby	LPN #2030638	Burkesville, KY	Eff. 04/03/08
* Jones, Hannah Elizabeth Sykes	RN #1094253	Mt. Sterling, KY	Eff. 04/17/08
Newnum, Karen Kay Barber	RN #1086551	Louisville, KY	Eff. 04/24/08
* Shrout, Lou Ann Moore	RN #1074649	Richmond, KY	Eff. 06/03/08
* Sproat, Jennifer Lee Nettleton	RN #1089803	Evansville, IN	Eff. 05/08/08
* Vaughn, Sharon Kay Crisler	LPN #2034921	Radcliff, KY	Eff. 04/24/08

LICENSE/CREDENTIAL SUSPENDED

Maynard, Natalie Renee	DT Credential #8000298	Forest Hills, KY	Eff. 04/25/08
McClure, Monica S. Chapman	RN #1069735	Beaver Dam, KY	Eff. 04/25/08
Witt, Teresa Kim Chapman	RN #1084423	Proctorville, KY	Eff. 04/25/08

LICENSE/CREDENTIAL CONTINUED ON SUSPENSION

Deroy, Janey Ann Lawson	LPN #2038767	Bonnyman, KY	Eff. 04/25/08
Goltzer, Susan Annette Eagle	LPN #2034784	Shepherdsville, KY	Eff. 04/25/08
Hill, Toni Darlene	RN #1083254	Hazard, KY	Eff. 04/25/08
Kidd, Brandy Michelle Bowling	RN #1094261	Manchester, KY	Eff. 04/25/08
Stiles, Susan Lynn	RN #1079116	Bowling Green, KY	Eff. 05/28/08

LICENSE/CREDENTIAL DENIED REINSTATEMENT

Bibelhauser, Charles Stanford	LPN #2030347	Louisville, KY	Eff. 04/25/08
Davis, Jan M.	LPN #2028135	Sterling Heights, KY	Eff. 04/25/08
Laughary, Elizabeth Ann Huggins	RN #1086046	Utica, KY	Eff. 04/25/08
Mitchell, Phyllis Ann Johnson	LPN #2033515	Hi Hat, KY	Eff. 04/25/08
Newby, Phyllis A. Johnson	LPN #2022565	Russell Springs, KY	Eff. 04/25/08
Townes, Angela Dawn Overstreet	LPN #2032976	Horse Cave, KY	Eff. 04/25/08

LICENSE/CREDENTIAL DENIED REINSTATEMENT/TO BE REINSTATED - LIMITED/PROBATED

Block, Shannon L. Peterson	RN #1073549	Park Hills, KY	Eff. 04/04/08
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LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED

Fletcher, Rebecca Floyd	RN #1045966	Paducah, KY	Eff. 05/28/08
Offutt, Cynthia D. Whitsett	RN #1057815	Russellville, KY	Eff. 05/19/08

LICENSE/CREDENTIAL VOLUNTARILY SURRENDERED continued

Thomas, Amanda C. Prescott	LPN #2026081	Hopkinsville, KY	Eff. 05/19/08
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LICENSE/CREDENTIAL TO BE REINSTATED - LIMITED/PROBATED

Dennison, Amy Carol Foushee	RN #1083649	Louisville, KY	Eff. 04/25/08
Knowland, Jacqueline Lorriane	LPN #2024254	Fairdale, KY	Eff. 05/19/08
Taylor, Deborah Joy	LPN #2027030	Stanford, KY	Eff. 04/25/08

LICENSE/CREDENTIAL TO BE REINSTATED - ADMIT TO KARE PROGRAM

Ashley, Teresa Rose King	RN #1054580	Shelbyville, KY	Eff. 04/25/08
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ADMIT TO EXAM - LIMITED/PROBATED

Cole, Jordan Lee Whitney	LPN Applicant/Exam	Glasgow, KY	Eff. 03/26/08
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LICENSE LIMITED/PROBATED

Brayboy, Ruthanna L. Hill	RN #1065523	Lexington, KY	Eff. 05/19/08
Miller, Shanna Jane Henson	RN #1076601	Benton, KY	Eff. 05/19/08

LICENSE/CREDENTIAL REPRIMANDED

Ferrell, Michelle S.	LPN #2036345	Sturgis, KY	Eff. 03/26/08
Manley, Misty Joann	RN #1099791	Shelbyville, KY	Eff. 05/19/08
Mesker, Sandra Jean	RN #1068235	Louisville, KY	Eff. 04/23/08
Pierce, Bonnie L. Leslie	LPN #2017808	Louisville, KY	Eff. 05/28/08
Russell, Tabitha Lynn Coleman	LPN #2034937	Dayton, KY	Eff. 03/26/08
Stewart, Melissia J. Johnson	RN #1091397	Greenup, KY	Eff. 03/26/08

CONSENT DECREES ENTERED FISCAL YEAR TO DATE

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration	16
Imposition of civil penalty for failure to meet mandatory continuing education requirement.....	90
Imposition of civil penalty for a positive drug screen.....	29

LICENSES REMOVED FROM PROBATION FISCAL YEAR TO DATE	17
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KENTUCKY ALTERNATIVE RECOVERY EFFORT (KARE) PROGRAM GRADUATES FISCAL YEAR TO DATE	29
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NOTICE OF PUBLIC FORUM IN REFERENCE TO PROPOSED CHANGES TO ADMINISTRATIVE REGULATIONS PERTINENT TO NURSING EDUCATION

Date: Thursday, September 4, 2008
Location: Kentucky Board of Nursing Office
Time: 1:30 p.m.

Regulations to be discussed before the Education Committee:

- 201 KAR 20:260. Organization and administration standards for prelicensure programs of nursing.
- 201 KAR 20:270. Programs of nursing surveys.
- 201 KAR 20:290. Standards for prelicensure registered nurse and practical nurse extension programs.
- 201 KAR 20:360. Evaluation of prelicensure registered nurse and practical nurse programs.

Copies of the above referenced regulations can be downloaded from the Kentucky Board of Nursing website: www.kbn.ky.gov

Procedure to be followed during the forum:

- Those desiring to make comment must sign-in
- Persons will be called in the order of sign-in
- Comments will be held to no longer than 10 minutes

Written Comments are Welcome:

If you are unable to attend the forum but would like to submit written comments, they can be mailed to Patricia Spurr at the address listed above or by email to patricia.spurr@ky.gov.

Questions should be addressed to:

Dr. Patricia Spurr, Education Consultant
502-429-3333 or 800-305-2042, ext. 235
patricia.spurr@ky.gov

KBN WEBSITE UNAVAILABLE JULY 12-13



On Saturday, July 12, the Commonwealth Office of Technology will conduct a controlled power outage at one of its locations. **THIS WILL AFFECT THE KBN WEBSITE AND OUR ONLINE SERVICES.** The outage is scheduled for noon on July 12 through 4 a.m. on Sunday, July 13.



It is time to renew your nursing license for 2008. See page 20 for renewal information. Renewal reminder postcards will NOT be mailed.

Ivy Tech Community College, a fully accredited, public, state-wide, open-access, community college offering two-year degrees and technical certificates, is seeking faculty members. Resumes are being accepted, with the designated credentials (received from a regionally accredited institution), for the following programs: Full Time Nursing Instructors - Master's degree in nursing from a regionally accredited institution, is a Registered Nurse licensed in Indiana/Kentucky, and has two years of directly related work experience. Immediate need in Medical Surgery, Peds, and Critical Care in Louisville, Kentucky/Southern Indiana area. To apply visit <http://jobs.ivytech.edu> EOE/AA



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EOE

continued from page 21

Name Change

A copy of a legal name change document, your current nursing license card, and the \$35 fee are required before a name change can be made. Acceptable documentation includes: marriage certificate, divorce decree (showing the return to another name), other legal name change documents, or a social security card.

During the renewal period, submit the documentation and fee to change your name at least four weeks prior to renewing your license. You may go to <http://kbn.ky.gov/onlinesrvs/> to see when your name has been changed in the KBN database.

Migration to a Cardless Licensure System

Beginning June 1, 2008, KBN will begin a migration to a "cardless" licensure renewal system. This will be the last renewal period when a card will be issued. However, nurses licensed by examination, endorsement, and reinstatement will receive the newly designed card.


The new license card will display the nurse's name, license number, licensure type (RN, LPN, ARNP, SANE), and original date of Kentucky licensure. The license expiration date will NOT be displayed. See the cover for a sample of the new license card.

The move to a "cardless" system of licensure is further commitment to KBN's mission of public protection. With increased reports of lost or stolen license cards and cards never received in the mail, KBN wanted to reduce the risk that those cards could be used to impersonate Kentucky's licensed nursing professionals.

This new system encourages employers to use the KBN website to validate that a license is current, valid, and clear of disciplinary action. The KBN website validation is considered primary source validation.

In addition to the free KBN validation service, employers may subscribe to a monitoring and notification process that will send them an email when licensure information changes. Such notifications may include that a license has lapsed or been suspended. Additional information regarding the subscription services is available at <http://kbn.ky.gov/onlinesrvs/bulkvalidation/>.

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Domestic Violence CE Requirement: Nurses seeking reinstatement, licensure by endorsement from another state, and examination candidates educated outside of Kentucky must earn three contact hours of KBN approved domestic violence CE within three years of licensure into Kentucky. This is a one-time earning requirement. Do not submit a copy to KBN unless requested to do so. Any approved CE provider may offer the mandatory domestic violence course provided that, as a minimum, the model curriculum approved by the Domestic Violence Training Committee of the Governor's Commission on Domestic Violence is followed.

Sexual Assault CE Requirements: Sexual Assault Nurse Examiner (SANE) credentialed nurses must earn five contact hours of approved sexual assault CE (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned and must be offered by an approved CE provider (see Table 1).

HIV/AIDS CE Requirements: Two hours of mandatory HIV/AIDS CE must be earned once every ten years. The LPN earning period is from 11/1/2001 – 10/31/2011; RN from 11/1/2002 – 10/31/2012. The HIV/AIDS course must be approved by the Cabinet for Health and Family Services or offered by an approved CE provider (see Table 1). Nurses are required to maintain proof of earning the CE for at least 12 years.

CE Requirements for New Licensees: All licensees are exempt from the CE/competency requirement for the first renewal period of their Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

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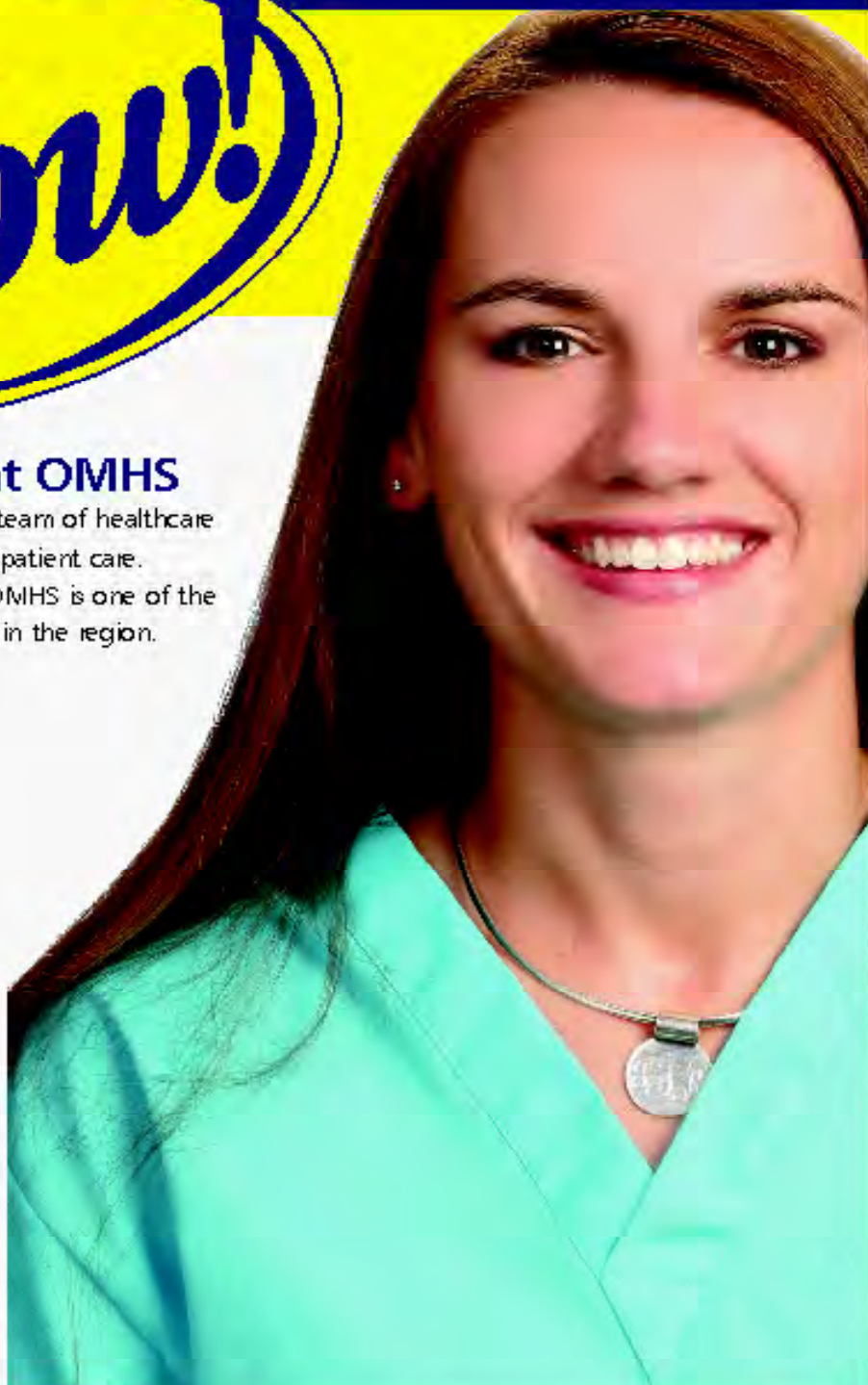
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